Flu Shot Reminder



It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. But re-vaccination is necessary each year because the flu viruses change each year. Encourage your Medicare patients who haven't already done so to get their annual flu shot and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot. It's Not Too Late! Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website:

http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf.

MLN Matters Number: SE0703 Related Change Request (CR) #: 5332

Related CR Release Date: October 27, 2006 Effective Date: January 1, 2007

Related CR Transmittal #: R57MSP & R1088CP Implementation Date: January 2, 2007

Assignment of Dedicated Medicare Secondary Payer Modifier Introduced in Change Request (CR) 5332 (Transmittal 1088)

Provider Types Affected

Physicians who bill Medicare Carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for drugs paid under the Competitive Acquisition Program (CAP).

Key Information

In CR 5332 (Transmittal 1088) "Instructions for the Coordination of Medicare Secondary Payer (MSP) claims for the Competitive Acquisition Program (CAP)", issued October 27, 2006, the Center for Medicare & Medicaid Services (CMS) indicated that, under certain circumstances, a participating CAP physician may procure a CAP drug from a source other than the CAP vendor because of a mistake in identifying the patient's primary insurer. Under these unusual circumstances, CR5332 instructed CAP physicians to use the J3 modifier to receive payment for the drug at the non-CAP rate.

However, the M2 "Medicare secondary payer" modifier was created for the purpose described in CR5332 and was included in the 2007 Alpha-Numeric

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<u>HCPCS File</u> posted to the CMS website in November 2006. Participating CAP physicians must note that, effective January 1, 2007, the M2 modifier will be the dedicated modifier for the unusual circumstances identified above, and Medicare will no longer accept the J3 modifier for this purpose.

Additional Information

For other details including the revised sections of Chapters 3 and 5 of the *Medicare Secondary Payer (MSP) Manual* and the revised sections of Chapter 17 of the *Medicare Claims Processing Manual*, please see the official instruction, CR5332, issued to your Medicare Carrier or A/B MAC regarding this change. There are two transmittals related to this instruction and they may be viewed by going to http://www.cms.hhs.gov/Transmittals/downloads/R57MSP.pdf and http://www.cms.hhs.gov/Transmittals/downloads/R1088CP.pdf on the CMS web site. In addition, an *MLN Matters* article, MM5332, is also available at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5332.pdf on that site.

HCPCS files are available at http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp.

If you have questions, please contact your Medicare Carrier or A/B MAC at their toll-free number which may be found at: http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS web site.

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